FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

CAMPAIGN DISCLOSURE BD.

2010 JUL 19 PM 5: 03

COMMITTEE NAME (Must be same as on Statement	of Organization)			
Garrett for Statehouse Committee		[FORM	
IMPORTANT: Indicate by # type of committee you are report (1) Statewide/Legislative/Judge Standing for Retention Cand (4) County Central Committee (5) County Candidate (6) Ci Subdivision Candidate (6) County PAC (9) City PAC (10) 11) Local Ballot Issue	tidate (2)State PAC (3)State Party ty Candidate (7)School Board or Other Political		DR-2 Rev. 12/2009) or Office Use On	
CANDIDATE COMMITTEES ONLY:			ogged In	
Candidate Name	Political Party (if applicable)	1 1	canned	
Julian B. Garrett	Republican		omputer	
Office Sought lowa House of Representatives	District (if Senate or House)		udited	
ate reports are subject to possible civil and criminal penall andidate's committee, and the chairperson, for any other t	iles. Pursuant to Iowa Code sections 68B.32A(A.401(3), the car	ndidate, for a
SIGNATURE OF PERSON FILING REPORT	5/5.96/5/5 TELEPHONE		Aut.)	92010
			443	
AM FILING A July 19, 2010	REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YE	AR.
(report date)	Indicate by #	formand .		
CHECK IF AMENDMENT TO REPORT DATED		ocal Con	ımittees, enter Da	a of Election
		Local Coll	anittees, enter Da	ie oi Election
_] Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3	1-61-41		ocal Committees tion is held	enter County in
STATEMENT OF CASH ON	HAND			
cash on Hand at the beginning of the reporting period committee. This amount MUST be the same of the last reporting period or must be zero if the last reporting period or must be zero.	as the cash on hand at the end	\$	1,148.37	
ADD TOTAL MONEY TAKEN IN THIS PERIO		••••••••••		······································
Schedule A: Cash Contributions total (Attach	-		1,002.11	
Schedule F: Loans Received total (Attach Sci			1,000.00	
Schedule H: Total Sales of Campaign Proper	· ·		0.00	
(Schedule H applies to Candidates		********		
	SUB-TOTAL		3,150.48	
SUBTRACT TOTAL MONEY SPENT THIS P			~ ~	
Schedule B: Expenditures total (Attach Sched			1,727.34	
Schedule F: Loan Repayments total (Attach S	·		0.00	
• •	,		1,423.14	·
ASH ON HAND at the end of this reporting period (if fi	nai report balance must be Zero)		1,723.17	
*UNPAID BILLS (From Schedule D - Attach Schedule	D)	\$	1,802.85	
IN KIND CONTRIBUTIONS (From Schedule E - Attach	•		250,00	
OUTSTANDING LOANS (From Schedule F - Attach S	chedule F)	\$	10,000.00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ONSULTANT BREAKDOWN (Schedule G Attached?))	•	YES 🗸	OP
ANDIDATE COMMITTEES ONLY:				
ALUE OF CAMPAIGN PROPERTY (From Schedule F	f - Attach Schedule H)	\$	alte ministra della mala mala suggi anno a quanti quanti qua	
TATE COMMITTEES: Submit a reconciled campaign	account bank statement in January of each	year.		

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) Reset Form A (Rev. 07/03) MONETARY RECEIPTS CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

Garrett for Statehouse Committee

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6-12	ID# CK#	Sam Braland 115 East First St Earlham, IA 50072		\$50.00	
6-22	ID# CK#	Madison Co Rep. Women 319 West Fillmore St Winterset, IA 50273		50.00	
6-25	ID# CK#	Michael Reeves 11587 167th Lane Indianola, IA 50125		50.00	
7-1	ID# CK#	Don Racheter 34 Kearney Ct Jowa City, JA 52246		52.11	
7-1	ID# CK#	James Sourbeer 1308 Lake Bend Ct Vero Beach, FL 32903		100,00	
7-13	1D# ₆₀₇₀ CK#	LAWPAC 625 East Court Ave Des Moines, IA 50309		500.00	
7-13	CK#	8525 Douglas Ave Des Moines, IA 50322		100.00	
7-14	ID# CK#	7507 Hoover St Indianola, IA 50125		100,00	
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	\$ 1,002.11	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee.

Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by familial relationship, enter "not applicable" in the relationship column.

Page I of I

TOTAL (if last page of this schedule)

	7 m.		100		m
1722	N 2.3	ALC: Y	Lifet Ca	2 60 h 80	7 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1200	4.00	100	1111000		
					entral and of

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF				

COMMITTEE NAME	(Must he same as on	Statement of Organization)
COMMITTELIAMINE	(musi de saine as on	Statement of Organization)

Garrett for Statehouse Committee

DATE EXPENDED	CANDIDATE ID NUMBER (if applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
(MM/DD/YR)	AND PAC CHECK NUMBER	(Disbursement) WAS MADE		
	ID#	Postmaster	Stamps	
6/2	CK#	201 West 1st Indianola, IA 50125		\$ 88.00
	ID#	Record Herald	Advertising	
6/10	CK#	112 N. Howard Indianola, IA 50125		85.60
	ID#	WarrenTown&CoNews	Advertising	
6/11	CK#	1325 Sunset Dr Norwalk, IA 50211		110.50
	ID#	Winterset Shopper	Advertising	
6/11	CK#	P.O. Box 28 Winterset, IA 50273	Automing	119.25
	ID#	Winterset Madisonian	Advertising	
6/11	CK#	P.O. Box 350 Winterset, IA 50273		256.39
	ID#	Earlham Advocate	Advertising	
6/11	CK#	P.O. Box 327 Earlham, IA 50072		255.06
	ID#	Victory Store	Robocalls	
6/14	CK#	5200 SW 30th St Davenport, IA 52802		451.11
	ID#	Winterset Shopper	Advertising	
7-12	CK#	P.O. Box 28 Winterset, IA 50273	Auvensing	206.70
			SUB-TOTAL	\$ 1,572.61
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A 402(3)(i).)

	I		2	
Page	-	of	~	

	-			
2.25.11.1	1020	ribarentar	Wheel o	
	a tara.		Contract Sec	H. C.
100	200		OFT	288.57
	4.00	10.00	100	100

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

Garren for :	Statenouse Commi	attee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/12	ID# CK#	Julian B Garrett 19978 - 115 Ave Indianola, IA 50125	Parade Candy	\$ 34,73
7/13	ID# CK#	Raccoon River Brewing Co. 200 - 10th St Des Moines, IA 50309	Fundraiser	120.00
	ID# CK#			
	ID#			
	In#			

TOTAL (if last page of this schedule)

SUB-TOTAL

\$ 154.73 \$ 1,727.34

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

CK#

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A 402(3)(i).)

-	2		2
Page		ot	

FOR INSTRUCTIONS,	SEE BACK	OF FORM
-------------------	----------	---------

0.1.110771007	TIONS, SEE BACK OF FORM		SCHE	OLI E I
COMMITTEE NAME (Must be same as on Statement of Organization)				INCURRED
Garrett for Statachouse Committee				08/98) INDEBTEDNESS
NOTE: Debts Sched	previously reported that remain unpaid must be included on this lule, as well as any new obligations incurred in this period.	Reset Form		CHECK THIS BOX IF AMENDING FORM
(DO NOT IN	LIGATIONS REMAINING THIS REPORTING PERI NCLUDE LOANS SHOW LOANS ON SCHEDULE	E F)	goods of receive end of t regardle has bee	urred debt" is a debt for or services ordered or d, but not paid for by the the reporting period., ass of whether an invoice on received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED O PURCHASED	OR	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7/8	Julian B. Garret 19978 - 115th Ave Indianola, IA 50125	Flyers		1,399.20
7/12	Winterset Madisonan P.O. Box350 Winterset, IA 50273	Advertising		403.65
	TOTAL	\$ 1,802.85		
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD				\$ 1,802.85

CANDIDATE COMMITTEES NOTE:

*If actual figure is unknown, show "estimated" beside the figure.

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

(for Schedule D)

MMITTEE NAI	SCHEDULE F LOAF (Rev. 02/08) RECEI		
E: This sched	CHECK THIS BO		
RT I - MONET) (Original	ARY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party in the second sec	is involved. Include loans from cand	lidate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF LOAN
6/10	Julian B. Garrett 19978 - 115th St Indianola, IA 50125	Self	^{\$} 1,000.00
		TOTAL (PART I)	\$ 1,000.00
RT II - MONE (Loans	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIO Forgiven must be reported on Schedule E – In-kind Contribution	OD	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable	AMOUNT REPAID
			S
Hillian Haallan Hillian araa araa ay ar baraa			

	TOTAL CASH REPAYN From Schedule E TOTAL LOAN TOTAL OUTSTANDING LOANS END OF R	NS FORGIVEN	\$ 0 \$ 0 \$ 10,000.00
making a contribut consanguinity (blo	quires candidate committees to disclose the relationship of any relative ion to the committee. Relationship must be shown to the third degree of od relatives) and affinity (relatives by marriage). If surname of contributor date, but there is no familial relationship, enter "not applicable" in the n when it applies.	ris Page 1	of 1 (for Schedule F)